Collecting clinical experience of homeopathic treatment of COVID-19

First issue

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Do we want to confirm or improve the repertory?

At the moment data about COVID-19 treatment come in different formats. These data must be evaluated in qualitative and quantitative respect. For this purpose we must edit each case to make a comparison of cases possible, without losing information if possible. Next figure shows how this looks like in a spreadsheet

	A	B	C	D	E	F	G
1	Medicine	Symptom 1	Symptom 2	Symptom 3	symptom 4	symptom 5	symptom 6
16	gels	prostration	heaviness eyelids	no thirst	no myalgia, or perspiration	Headache as 'being tied by a band around the head'	Cough aggravated the headache
17	gels	prostration	heaviness eyelids	Increased thirst	No fever but prominent chilliness	chilliness mainly felt over the back first, then to the extremities.	Generally ameliorated from perspiration and warmth
18	gels	prostration	chill	Low appetite with no thirst	chilliness mainly felt over the back	Cough associated with tickling at the throat	Sneezing with moderate amount of burning discharge
19	gels	prostration	heaviness eyelids	No thirst during chills	No fever but much chilliness, felt that the chilliness ran up and down the spine	Progressively worsening headache from the L sided nape radiating to L eyebrow	Headache ameliorated after profuse urination
20	gels	prostration	heaviness eyelids	No thirst during chills	No fever but worsening chilliness with headache	Chilliness ran up and down of the spine	Generally aggravated by the cold and wet weather
21	gels	prostration	Involuntary urination during cough	pain from the nape of the neck radiating to the head	Cough was dry most of the time except on waking	headache as 'constricting with a band'	Constrictive tightness at the chest
22	gels	prostration	heaviness eyelids	Involuntary urination during cough	The cough was dry most of the time except on waking	Cough with pain in chest, tickling in chest	Dry cough aggravated at night
23	gels	prostration	heaviness eyelids	Involuntary urination during cough	The cough was dry most of the time	Cough with pain in chest, tickling in chest	Generally aggravated from wet and cold weather
24	gels	chill	joint pain	no thirst			

In this figure we see 9 cases responding well to *Gelsemium (Gels)*. Nearly all cases (8 out of 9) had the symptom 'prostration', also mentioned as 'extreme weakness' etcetera. The second most occurring symptom was 'heaviness of eyelids', in 6 out 9 cases. Next in line were 'no thirst', 'chilliness' and 'headache'.

The ordering of the symptoms was done manually and subjectively. Why was 'involuntary urination during cough' - with only 2 out of 9 occurrence - placed in the second and third column? Because this symptom was not seen in other medicines so far. We cannot just count symptoms, we must add 'homeopathic quality', in this case peculiarity of the symptom.

At first glance we see that 'prostration' is the mostly occurring symptom indicating *Gelsemium*, but it should be noticed that the same symptom also occurred in 7 out of 8 cases responding well to *Camphora*.

Confirmation bias

Does this mean that *Gels* or *Camph* can only be prescribed if there is prostration? No, because there is reluctance in prescribing these medicines if prostration is not present. This phenomenon is called confirmation bias, our observations are influenced by what we already know. If we would check the

symptom prostration in every patient we would probably see that *Gels* and *Camph* don't work in every patient and that prostration could also indicate other medicines.

We must realise that the homeopathic methodology has several elements of confirmation bias. Another element is repertorisation. In the cases we saw so far we noticed very neat repertorisations: the selected medicine was in the first position. This looks better when we present cases, but does this really represent all our considerations leading to the choice of the medicine? Our consensus that a homeopathic medicine should fit the totality of the patient covers more than just a limited number of symptoms that confirm our choice. And didn't you sometimes notice that the medicine you prescribed was not in the symptom rubric you originally consulted, but present in another synonymous rubric, so you had to choose that rubric?

Then there are many mistakes in the repertory. The medicines *Ars* and *Phos* are both in bold type in the repertory-rubric 'fear of death'. After checking this symptom in thousands of patients we know that this is not right: 6 out of 27 (22.2%) of the *Arsenicum* patients and 4 out of 76 (5.3%) of P*hosphorus* patients had fear of death.

Adding extra value to the repertory

Of course, the inventory we made so far is not useless: we shared the experience of different groups of practitioners and we now have an inventory of symptoms that occur in COVID-19 patients. However, we can add extra value to our data collection if we build up our knowledge by improving the process of data gathering after learning from each consecutive chunk of information.

From the information we have so far we can learn that we have to check some symptoms in every new patient, like:

- Prostration/ weakness; where is the weakness seated
- Fever, chill, or chill alternating with fever
- Thirst
- Pain; where

Resuming requisites for case descriptions

We resume the minimal necessary data for this project. We already had:

- Severity of COVID-19 illness: Mild – Moderate – Severe – critical
- Is COVID-19 confirmed?
- Medicine, with date of first intake
- Number of hours until onset of improvement and/or until absence of fever
- If possible 3-5 symptoms that were characteristic for the case

Now we add always checking:

- Prostration/weakness; where is the weakness seated
- Fever, chill, or chill alternating with fever
- Thirst
- Pain; where